

RETURN TO:
Chabot College FAO, #110
25555 Hesperian Blvd
Hayward, CA 94545

Name of Financial Aid Applicant <i>(Please print)</i>		
Last	First	Middle
ID#: W _____		

AGENCY CERTIFICATION—UNTAXED INCOME

Federal and state regulations relative to student financial aid mandate coordination and verification of all family financial resources. The information provided below will be used only to determine financial aid eligibility and will be kept confidential by Chabot College pursuant to Sections 76200-76246 of the *California Education Code* and the 1974 Family Education Rights and Privacy Act.

TO BE COMPLETED BY THE STUDENT AND SPOUSE, IF APPLICABLE, AND/OR PARENT BEFORE SUBMITTING TO AGENCY <i>I authorize the appropriate office/agency to provide the information requested by Chabot College Financial Aid Office.</i>			
Case Name under which benefits are paid <i>(Please print above)</i>		Case Number	
Applicant's Signature	Date	Mother's Signature	Date
		Social Security Number: _____ - _____ - _____	
Applicant's Spouse's Signature	Date	Father's Signature	Date
		Social Security Number: _____ - _____ - _____	
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> General Relief	<input type="checkbox"/> Social Security Benefits	
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Unemployment Benefits	
<input type="checkbox"/> Veteran's Contributory Benefits	<input type="checkbox"/> Pension Benefits	<input type="checkbox"/> CalWORKs	
<input type="checkbox"/> Federal/State Disability Benefits	<input type="checkbox"/> Housing Authority (HUD)	<input type="checkbox"/> Other: _____	

TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS		
<input type="checkbox"/> The person(s) named above received/receives no assistance from this agency <input type="checkbox"/> No record <input type="checkbox"/> Not eligible <i>(Reason)</i> _____		
Benefits received are listed below	Total 2008 Jan. 1, 2008–Dec. 31, 2008	Current Monthly Amount
<ul style="list-style-type: none"> • Type of benefit: _____ For entire family, including applicant: \$ _____ \$ _____ Benefits began: _____ / _____ <div style="text-align: center;">Month/Year</div> 		Effective date: _____
<ul style="list-style-type: none"> • Type of benefit: _____ For entire family, including applicant: \$ _____ \$ _____ Benefits began: _____ / _____ <div style="text-align: center;">Month/Year</div> 		Effective date: _____
Is change or termination of benefit(s) anticipated during the 2009 year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain change or give date of information: _____		
Is an allowance provided to cover fees, transportation, books, and/or supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No Itemize allowance(s) and give amount(s): _____		

Agency Representative <i>(type or print)</i>	Title/Official Position
Signature	Date
(_____) _____	
Telephone Number	

AGENCY STAMP REQUIRED